



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services  
401 Hungerford Drive, 1<sup>st</sup> Floor  
Rockville, Maryland 20850-2368  
240-777-3986 Fax 240-777-3088

### VIDEO GAME REGISTRATION APPLICATION

Application is hereby made for a Video Game Registration in Montgomery County, Maryland

New ☐

Renewal ☐

TODAY'S DATE \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

*(List the Name of the Establishment where the games are to be operated)*

Location of Establishment: \_\_\_\_\_

*Street Number and Street Name*

\_\_\_\_\_  
*City State Zip Code*

Telephone Number: \_\_\_\_\_  
*include area code*

Name of Establishment Owner/Operator: \_\_\_\_\_

Address of Owner/Operator: \_\_\_\_\_

*Street Number and Street Name*

\_\_\_\_\_  
*City State Zip Code*

Telephone Number: \_\_\_\_\_  
*include area code*

Name and Address of Video Game Owner(s):

1. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

*include area code*

Address: \_\_\_\_\_

*Street Number and Street Name City State Zip Code*

2. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

*include area code*

Address: \_\_\_\_\_

*Street Number and Street Name City State Zip Code*

*(Use Reserve Side if Necessary to list all video game owners)*

Total Number of Games to be Registered: \_\_\_\_\_

I understand that according to Montgomery County Code 56 a-6(d), "Any change in the information stated on the certificate of registration shall be reported to the Director within 30 days of the change."

Signature of Establishment Owner/Operator: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Above Signature: \_\_\_\_\_

Fee Information: *Please refer to Video Game Fact Sheet*

Submit completed application and application fee to Licensure and Regulatory Services, 401 Hungerford Drive, 1<sup>st</sup> Floor, Rockville, Maryland 20850 - Payment must be made by check or money order payable to "**Montgomery County, Maryland**". *We are unable to accept cash payments.*

#### OFFICE USE ONLY

Receipt Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check/Money Order Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Expires: \_\_\_\_\_

Record Number: \_\_\_\_\_